IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Tuszynski, Mark H.

Title:

METHODS FOR THERAPY

OF NEURODEGENERATIVE DISEASE OF THE BRAIN

Prior Appl. No.:

09/060,543

Prior Appl. Filing

Date:

04/15/1998

Examiner:

Shin Lin Chen

Art Unit:

1632

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. EL990322496US December 29, 2003 (Express Mail Label Number) (Date of Deposit) Michelle Sympson (Printed Name)

CERTIFICATE OF EXPRESS MAILING

CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[X] Continuation [] Division [] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (33 pages).
- [X] Declaration and Power of Attorney (3 pages).
- [X] Assignment of the invention to University of California, San Diego.
- [X] Preliminary Amendment (2 pages).
- [X] Application Data Sheet (37 CFR 1.76) (3 pages).
- [X] Sequence Listing (3 pages).
- [X] Statement to Support Filing and Submission of Sequence Listing (2 pages).
- [X] Computer Readable Copy of the Sequence Listing (1 disk).

The filing fee is calculated below:

	Claims	Included i	n	Extra				Fee
	as Filed	Basic Fee	e	Claims		Rate		Totals
Basic Fee						\$750.00		\$750.00
Total Claims:		- 20	=	0	x	\$18.00	=	\$0.00
Independ ents:		- 3	_ =	0	X	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$280.00							=	\$0.00
	-				SU	JBTOTAL:	=	\$750.00
[X] Small Entity Fees Apply (subtract ½ of above):							=	\$375.00
TOTAL FILING FEE:							=	\$375.00

- [X] A check in the amount of \$375.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

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FOLEY & LARDNER

Customer Number: 30542

Telephone:

(858) 847-6720

Facsimile:

(858) 792-6773

Respectfully submitted,

Stacy L. Taylor

Attorney for Applicant Registration No. 34,842